160.312: Personnel Records

(A) The licensee shall maintain a personnel record for each employee.

(B) Such records shall be kept confidential and at a minimum contain:
(1) A copy of the employee's application for employment or resume;
(2) Evidence that the employee is currently certified, licensed or registered where applicable laws require certification, licensure, or registration;
(3) Evidence of training received; and
(4) Annual performance evaluations;
(5) Evidence of annual Tuberculin skin tests.

160.313: Training

(A) The licensee shall provide ongoing staff training and supervision appropriate to the size and nature of the agency and staff involved.

(B) The licensee shall have a written plan for the professional growth and development of all personnel. At a minimum, this plan shall include:
(1) Staff training in the requirements of appropriate state and federal laws and regulations;
(2) Orientation procedures; and
(3) Regular and scheduled in-service training programs.

160.314: Volunteers

Volunteers and student interns may be used only as an adjunct to regular paid staff and not as a substitute for a paid workforce. Student interns and volunteers providing individual and/or group counseling shall be screened, oriented, trained and supervised in a manner consistent with 105 CMR 160.000.

160.320: Staffing Pattern

The agency shall provide adequate and qualified personnel for administrative, medical, clinical and support services necessary to fulfill the service objectives and to satisfy the intent of 105 CMR 160.000.

160.321: Multidisciplinary Team

(A) In order to meet patient needs a multidisciplinary team shall be employed which includes professionals with a variety of expertise. The team may include physicians, psychiatrists, psychologists, social workers, nurses, substance abuse counselors with Masters or Bachelor degrees in a related field and certified substance abuse counselors.

(B) The agency shall ensure that patients have access to this expertise on-site or on an on-call basis to the extent required to meet their needs.

(C) Cases presenting unique issues or of special educational value to staff shall be presented to the multidisciplinary team for consideration. A summary of the multidisciplinary case conference must be included in the patient record.

160.322: Minimum Staffing Requirements

(A) The staff of the service must include:
(1) A Medical Director,
(2) Two full time equivalent registered nurses one of whom may be in a supervisory capacity, one each for two of the three work shifts,
(3) A full time licensed practical nurse for the remaining shift, and,
(4) A minimum of one full-time Clinician II.

(B) The licensee shall provide adequate supervision for the clinical/educational operation of the service.

160.323: Consultation and Supervision

(A) A Registered Nurse supervisor must be available for adequate supervision and ongoing consultation for all nursing staff.

(B) Consultation to nursing staff must be available 24 hours per day, seven days per week from a fully qualified physician or psychiatrist, either on site or through an affiliation agreement.

(C) A Clinician I (with the exception of the individual cited in 105 CMR 160.322(B), shall receive a minimum of one hour of individual or group consultation every two weeks and an additional minimum of one hour per month if he/she is responsible for supervising other staff.

(D) A Clinician II shall receive a minimum of one hour of individual or group supervision each week.

(E) A Clinician III shall receive two hours of individual supervision and an additional two hours of individual or group supervision per month.

(F) Staff who are not full-time employees of the service shall receive supervision in proportion to the number of hours worked, with a minimum of one hour of supervision per month.

(G) Consultation to staff must be available from a fully qualified physician or psychiatrist, either on-site or through an affiliation agreement. If services are to be available through an affiliation agreement, this agreement shall be reaffirmed yearly.

(H) Documentation of supervision mustbe available for review.

160.400: Hours of Operation

The service shall provide care 24 hours a day, seven days per week.

160.401: Admission

(A) Each licensee shall establish written admission eligibility criteria and shall make such criteria available to prospective patients upon application for admission. A copy of the criteria shall be posted conspicuously in an area frequented by all patients.

(B) Each licensee shall establish a formal intake procedure for potential new admissions and re-admissions. During the intake session the licensee shall accumulate and record all pertinent patient information to effectively evaluate a patient's eligibility for the service and his/her service needs.

(C) Patients who do not meet eligibility requirements or who are inappropriate for the agency's service shall, where need exists, be referred to an appropriate service, person, agency or court.

(D) Each licensee shall maintain a log of applications denied admission.

(E) Upon admission into treatment, or as soon as the patient is medically cleared, the licensee shall obtain and shall make a part of the patient record:

(1) A consent to treatment form,

(2) For patients receiving methadone, Form FD-2635, and,

(3) When the patient is under the age of 18, except in the case of an emancipated minor, the consent form shall be signed by the patient and the patient's parent or legal guardian.

160.402: Orientation

The licensee shall provide a new patient with an orientation which will familiarize him/her with the rules, procedures, activities, policies, and philosophy of the program, including program requirements for participation and disciplinary, termination, and grievance procedures. Written evidence of this orientation shall appear in the clinical record.

160.403: Evaluation and Diagnosis

(A) Immediately upon admission a physical assessment of the patient shall be made by a qualified health professional. Within 24 hours of admission, a complete physical examination shall be completed. If the examination is conducted by a qualified health professional and not a physician, the results of the examination and any recommendations made as a result of the examination, shall be reviewed by the nursing supervisor prior to implementation. For multiple admissions, the time, frequency and interval of a complete physical examination shall be subject to physician discretion.

(B) Upon admission, or as soon as the patients physical condition permits, a thorough personal history shall be obtained.

(C) Both the medical and psychosocial evaluation and medical include an assessment of the patient's psychological, social, health, economic, educational/vocational status; related legal problems; involvement with alcohol and drugs and any other associated conditions. The evaluation must be completed before a comprehensive service plan is developed for the patient.

(D) When the initial evaluations indicate a need for further assessment, the program shall conduct or make referral arrangements for necessary testing, physical examination and/or consultation by qualified professionals.

(E) If the psychosocial evaluation is performed by a Clinician III, it must be reviewed and approved, in writing, by his/her supervisor.

160.404: Service Plan

(A) Each patient shall have a written initial individualized service plan developed based on information gathered during the admission and evaluation sessions. Service plans developed or revised by a Clinician III shall be reviewed and signed by his/her supervisor.

(B) The service plan and any subsequent updates shall include at least the following information:

(1) A statement of the patient's problem in relation to his/her misuse of alcohol and drugs,
(2) Service goals with timelines,
(3) Evidence of patient involvement in formulation of the service plan,
(4) Aftercare goals,
(5) The date the plan was developed and/or revised,
(6) The signatures of staff involved in its formulation or review.

(C) Individual service plans shall be reviewed with the patient and amended, as necessary. A summary of such periodic reviews shall become a part of the patient record.

160.405: Medical Services

(A) Where appropriate, the licensee shall operate in accordance with:
(1) M.G.L. c. 94C
(2) The rules and regulations of the Federal Food and Drug Administration (FDA), and
(3) The rules and regulations of the Drug Enforcement Administration (DEA).

160.405: continued

(B) The Medical Director shall be responsible for administering all medical services performed by the service, be licensed to practice medicine in the Commonwealth of Massachusetts, and where possible have experience in working with substance abusing persons. In addition, the Medical Director, or any other authorized staff physician shall be responsible for the following minimum requirements:

(1) Ensuring that a medical evaluation, including a medical history has been taken,
(2) Ensuring that appropriate laboratory studies have been performed, and,
(3) Signing or countersigning all medical orders.

(C) Physical Examinations. The physical examination shall, at a minimum, include an investigation of the possibility of infectious diseases, pulmonary, liver, and cardiac abnormalities, dermatologic sequelae of addiction and possible concurrent surgical problems. Prior to prescribing, dispensing or administering any drug, the licensee shall assure itself that the drug will not interfere with any other drug(s) the patient has reported taking.

(D) Laboratory Tests

(1) Each patient shall receive a tuberculin skin test at least every 12 months, when the tuberculin skin test is positive, a chest x-ray,

(2) When appropriate, the licensee shall also perform the following laboratory tests within 48 hours after admission:

(a) Urine screening for drug determination,
(b) Complete blood count and differential,
(c) Serological test for syphilis,
(d) Routine and microscopic urinalysis,
(e) Urine for Glucose and Protein (GL/PR),
(f) Liver function profile, *e.g.* SGOT, SGPT, *etc.*,
(g) An EKG,
(h) Australian Antigen HB AG testing (HAA testing), and,
(i) A pregnancy test.

(E) Where the drug being dispensed is a narcotic-like substance or a narcotic antagonist, two or more proofs of narcotic or other drug dependence must be present. Such proofs may consist of:

(1) Two or more positive urine tests for opiate or morphine-like drugs,
(2) The presence of old and fresh needle marks,
(3) Early physical signs of withdrawal,
(4) Documented evidence from the medical and personal history,
(5) Physical examination, and,
(6) Laboratory tests.

(F) Pharmacological services shall be provided as needed by staff physicians.

(G) The licensee shall document in the patient record any situation that requires a patient to stay in treatment longer than the prescribed service plan indicated. The record shall be updated every seven days.

160.406: Counseling Services

(A) Services offered shall include:

(1) Individual counseling,
(2) Group counseling,
(3) Educational groups,
(4) Self-help groups such as Alcoholics Anonymous, Al-Anon and Narcotics Anonymous and,
(5) Structured social rehabilitative activities.

160.406: continued

(B) The licensee shall provide each patient who has been medically cleared with a minimum of ten hours of direct service per week, including:
(1) At a minimum, one hour of individual counseling,
(2) Four hours of group counseling, and
(3) Five hours of education, self-help or social rehabilitation.

(C) Patient assignment to staff should be based on a patient's needs and staff expertise.

(D) The licensee shall provide case management which shall at a minimum include:
(1) Crisis referrals,
(2) Health care referrals,
(3) Continuum of care referrals,
(4) Aftercare referral.

(E) The licensee shall provide or make referral arrangements for the provision of additional services as needed.

(F) The licensee shall provide AIDS education to all patients admitted to the service. AIDS education shall be provided by a qualified professional and conform to policies set forth by the Department. Evidence of this AIDS education shall appear in the patient record.

(G) Where the licensee utilizes an outside agency(ies) for the provision of direct patient services, formal written agreements shall be maintained and reaffirmed every two years.

160.407: Termination

(A) The licensee shall establish and maintain written procedures detailing the termination process and shall incorporate them into the policies as described in 105 CMR 160.402. These procedures shall include:
(1) Written criteria for termination, defining:
(a) Successful completion of the program,
(b) Voluntary termination prior to program completion,
(c) Involuntary termination,
(d) Medical discharge, and,
(e) Transfers and referral.
(2) Rules of required conduct and procedures for both emergency and non-emergency involuntary terminations in accordance with the following requirements:
(a) In an emergency situation, where the patient's continuance in the program presents an immediate and substantial threat of physical harm to other patients or program personnel or property or where the continued treatment of a patient presents a serious medical risk to the patient as determined by the medical director or the nurse-in-charge, the licensee may suspend a patient immediately and without provision for further detoxification. The patient shall be afforded an appeal as described in the program policies.
(b) In a non-emergency situation, wherein the patient's continuance does not present the immediate and substantial threat or serious medical risk described in 105 CMR 160.407(A)(2)(a), the licensee may not terminate the patient without first affording him/her the following procedural rights:
1. A statement of the reasons for the proposed termination and the particulars of the infraction, including the date, time and place,
2. Notification that the patient has the right to request an appeal, according to program policies,
3. The date, time and place of the appeal if the patient elects to appeal, and,
4. A copy of the licencee's grievance procedures.

(B) Upon termination a written dischagre summary shall be included in the patient record.

160.407: continued

(C) The discharge summary shall contain, but need not be limited to:
(1) Description of the treatment episode,
(2) Sobriety status and a description of current drug and alcohol use,
(3) Reason for termination,
(4) A summary of any disciplinary action taken, including:
(a) The reasons therefor, and,
(b) Patient notification of appeal, and,
(5) Referrals

160.408: Aftercare

(A) The licensee shall make referral arrangements for the provision of post discharge counseling and other supportive service.

(B) The licensee shall maintain and make available to patients as needed, a file of available community service which shall include a description of the services, its address and phone number and the name of a contact person.

(C) Aftercare service referrals shall be documented in the patient record.

REGULATORY AUTHORITY

105 CMR 160.000: M.G.L. c. 111B, § 6; c. 111E, § 7.

# 114.3 CMR 46.00: RATES FOR CERTAIN SUBSTANCE ABUSE PROGRAMS

Section



## 46.01: General Provisions

(1) Scope. 114.3 CMR 46.00 governs rates of payment to be used by all governmental units making payment to eligible providers for Acute Treatment Services, Recovery Home, Residential Drug-Free Program, Substance Abuse Outpatient Counseling, Outpatient Methadone Medical Service, Driver Alcohol Education Services, Enhanced Detoxification Day Treatment, and Case Management to publicly assisted clients.

(2) Disclaimer of Authorization of Services. 114.3 CMR 46.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 46.00. Governmental units which purchase services from eligible providers are responsible for the definition, authorization, and approval of services extended to publicly assisted clients.

(3) Effective Date. 114.3 CMR 46.00 shall be effective from July 1, 1996.

(4) Authority. 114.3 CMR 46.00 is adopted pursuant to M.G.L. c. 118G.

## 46.02: Definitions

Meaning of Terms. As used in 114.3 CMR 46.00 unless the context requires otherwise, terms shall have the meanings ascribed in 114.3 CMR 46.02.

Acute Treatment Services (Inpatient) Level III A, B, and C. These medically monitored acute intervention and stabilization services provide supervised detoxification to individuals in acute withdrawal from alcohol or other drugs and /or address the biopsychosocial problems associated with alcoholism and other drug addictions requiring a 24 hour supervised inpatient stay.

(a) Level IIIA services provide acute detoxification and related treatment to individuals assessed as being at risk of severe withdrawal syndrome, utilizing detoxification protocols, standing orders, and physician consultations. These services are governed by the Massachusetts Department of Public Health Regulation 105 CMR 160.000. A facility licensed under 105 CMR 160.000 may provide Levels III A, B and C.

(b) Level IIIB services provide continuing medical assessment and intensive counseling and case management for clients who are not intoxicated or have been safely withdrawn from alcohol or other drugs and who require a 24 hour supervised inpatient stay to address the acute emotional, behavioral and/or biomedical distress resulting from an individual's use of alcohol or other drugs. These services are governed by the Massachusetts Department of Public Health Regulation 105 CMR 161.000. A facility licensed under 105 CMR 161.000 may provide Levels III B and C.

(c) Level IIIC services provide inpatient transitional services, including continuing medical assessment. counseling and aftercare planning, for clients who have completed a Level IIIA or IIIB service and who are expected to be transferred to a longer term residential rehabilitation program. These services are governed by the Massachusetts Department of Public Health Regulation 105 CMR 161.000. A facility licensed under 105 CMR 161.000 may provide Level C.

46.02: continued

Alcoholism Recovery Home. The program of services defined as a 'Halfway House' in the Massachusetts Department of Public Health's Rules and Regulations for Halfway Houses for Alcoholics. (105 CMR 165.000)

Approved Program Rate. The rate per service unit approved by the Division and filed with the Secretary of the Commonwealth.

Case Consultation. Consultation with another agency or person when the provider has accepted a patient for treatment and continues to assume primary responsibility for the patient's treatment, while the other agency continues to provide ancillary services.

Case Management. Services, as specified by the Diviison of Medical Assistance, that coordinate the substance abuse treatment of pregnant women with the other medical and community services which are critical to the needs of the woman and her pregnancy. Case Management is billable only for women enrolled in the Intensive Outpatient Program. Service is limited to one hour per week per enrollee, provided in no less than 15 minute increments.

Clients. Recipients of service units within a program.

Client Resources. Revenue received in cash or in kind from publicly assisted clients to defray all or a portion of the cost of program services. Client resources may include payments made by publicly assisted clients to defray the room and board expense of residential services, clients' food stamps, or payments made by clients according to ability to pay or sliding fee scale.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) are used when required.

Couple Counseling. Therapeutic counseling provided to a couple whose primary complaint or concern is disruption of their relationship and/or family, due to Substance Abuse.

Day Treatment. A highly structured substance abuse treatment day program that meets the service criteria set forth by the Department of Public Health and the Division of Medical Assistance. A Day Treatment Program operates at least four hours per day, five to six days per week.

Division. The Division of Health Care Finance and Policy, appointed under M.G.L. c. 118G.

Driver Alcohol Education. The program of services, provided through licensed substance abuse counseling programs, legislated by M.G.L. c. 90, § 24D to first offender drunk drivers adjudicated in Massachusetts courts.

Educational/Motivational Session. A meeting between staff of a Driver Alcohol Education Program and not more than 12 clients. Clients are required to participate in 32 hours of this interactive group programming either in 16 two-hour groups or 21 90-minute groups.

Eligible Provider. Any individual, group, partnership, trust, corporation or other legal entity which offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure which have been or may be adopted by a purchasing governmental unit.

Enhanced Acute Treatment Services. A program to detoxify pregnant women from alcohol and/or drugs that involves special medical protocols to address the needs of pregnancy and that includes other medical and support components to ensure quality of both substance abuse treatment and obstetrical care.

46.02: continued

Established Charge. The lowest fee that is charged by the eligible provider to the general public or any third party payor, other than a governmental unit, for the provision of one program service unit. Fees which are based upon the client's ability to pay, as in the case of a sliding fee scale, and fees that are subject to Division review and approval shall not be deemed to be established charges.

Family Counseling. The therapeutic counseling of more than one member of a family at the same time in the same session, where the primary complaint or concern is disruption of the family due to Substance Abuse.

Group Counseling. Therapeutic counseling to an unrelated group of people having a common problem or concern which is associated with Substance Abuse. Groups are limited to 12 clients.

Governmental Unit. The Commonwealth of Massachusetts and any Board, Commission, Department, Division, or Agency of the Commonwealth of Massachusetts or political subdivision thereof.

Individual Counseling. A therapeutic meeting between an individual whose primary complaint or concern is Substance Abuse, and the staff of an eligible provider.

Individual Assessment Session. A meeting between staff of a Driver Alcohol Education Program and an individual client to explore the client's drinking habits and to place the client in the appropriate educational track in the group programs. Each client must participate in two hours of assessment.

Methadone Medical Services Visit. A methadone medical services visit includes medical assessment, medical case management, and dispensing of medication to opiate addicted individuals who require support of methadone chemotherapy, as noted in the Department of Public Health's standard RFP program description.

Operating Agency. An individual, group partnership, corporation, trust or other legal entity that operates a program.

Publicly Assisted Client. A person who receives program services for which a governmental unit is liable, in whole or in part, under a statutory program of financial assistance.

Purchasing Governmental Unit. A governmental unit that has purchased or is purchasing service units from an eligible provider.

Reimbursable Operating Costs. Those costs reasonably incurred or expected to be incurred by a program in the provision of care except those costs delineated in accordance with 114.3 CMR 46.04.

Related Party. A person or organization that is associated or affiliated with, has control of, or is controlled by the operating agency or any director, stockholder, partner, or administrator of the operating agency by common ownership or control or in a manner specified in sections 267(b) and (c) of the Internal Revenue Code of 1954 as amended, provided, however, that 10% shall be the operative factor as set out in sections 267(b)(2) and (3) and provided further that the definition of "family members" found in section 267(c)(4) of said code shall include for the purpose of 114.3 CMR 46.00:

(a) husband and wife,
(b) natural parent, child, and sibling,
(c) adopted child and adoptive parent,
(d) stepparent and stepchild,
(e) father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, and daughter-in-law, and
(f) grandparent and grandchild.

46.02: continued

Reporting Year. The operating agency's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR), normally July 1st to June 30th.

Residential Drug-Free Program. The program of services defined in the Massachusetts Department of Public Health Regulation 105 CMR 750.000 Licensure and Approval of Drug Treatment Programs.

Substance Abuse Outpatient Counseling. The services defined in the Massachusetts Department of Public Health Regulation 105 CMR 162.00. Licensure of Substance Abuse Outpatient Services.

46.03: Filing and Reporting Requirements

(1) Reporting for Annual Review. Unless exempted herein, each Operating Agency shall on or before the 15th day of the fifth month after the end of its fiscal year, submit to the Division:
(a) a copy of its Uniform Financial Statement and Independent Auditor's report completed in accordance with the filing requirements of the Operational Services Division, Department of Administration and Finance.
(b) Supplemental program questionnaire, if requested by the Division.

(2) Penalties.
(a) An Operating Agency's Approved Rate shall be reduced by 25% of the Approved Rate for the number of late days. Late days shall be defined as the total number of days between the Operating Agency's due date for filing a completed Cost Report package as defined in 114.3 CMR 46.03(1) and the date the Operating Agency's completed Division Cost Report package as defined in 114.3 CMR 46.03(1) is received by the Division.
(b) Additional Information Requested by the Division. Each Operating Agency shall file such additional information as the Division may from time to time require no later than 21 days after the date of mailing of that written request. If the Division's request for the missing information and/or documentation is not fully satisfied through the submission of written explanation(s) and/or documentation within 21 days of the mailing of that request, all costs relative to that request shall be excluded from rate development.

(3) General Provisions.
(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to the Division shall be certified under pains and penalties of perjury as true, correct and accurate by the Executive Director or Chief Financial Officer of the Operating Agency.
(b) Examination of Records. Each Operating Agency shall make available all records relating to its operation and all records relating to a realty service or related party or holding company or any entity in which there may be a common ownership or interrelated directorate upon request of the Division for examination.
(c) Field Audits. The Division may from time to time conduct a field audit. The Division shall make reasonable attempts to schedule an audit at the mutual convenience of both parties.

46.04: Rate Provisions

(1) Services included in the Rate. The approved rate shall include payment for all care and services that are or have been customarily part of the program of services of an eligible provider, subject only to the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).

46.04: continued

(2) Reimbursement as Full Payment. Each eligible provider shall, as a condition of acceptance of payment made by one or more purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered, subject only to appellate rights as set forth in M.G.L. c. 118G. There shall be no duplication or supplementation of payment from sources other than those expressly recognized or anticipated in the computation of the rate. Any client resources or third party payments received on behalf of a publicly assisted client shall reduce, by that amount, the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitations. Except as provided in 114.3 CMR 46.04(2), no purchasing governmental unit may pay less than or more than the approved program rate.

(4) Approved Program Rates. The rate of payment for authorized services shall be the lower of the established charge or rate listed below:

(a) Services paid by all public purchasers *except* Medicaid:

| Service | Rate |
|---|---|
| 1. Acute Inpatient Treatment Services | |
| Level IIIA | $ 140.00 per day |
| Level IIIB | $ 100.00 per day |
| Level IIIC | $ 70.00 per day |
| 2. Enhanced Acute Treatment Services | $49.95 per day *plus* proper Acute Treatment services base rate from 114.3 CMR 46.04(4)(a)1. |
| 3. Day Treatment | $ 55.00 per day |
| 4. Alcoholism Recovery Home; | $ 53.25 per day |
| 5. Driver Alcohol Education; | |
| Individual Assessment Session | $ 51.08 per hour |
| Educational/Motivational Session | $ 19.88 per 1½ hr. |
| 6. Substance Abuse Outpatient Counseling; | |
| Individual Counseling | $ 51.08 per hour |
| Couple/Family Counseling | $ 61.32 per hour |
| Group Counseling | $ 19.88 per 1½ hr. |
| Case Consultation and Methadone Counseling: | $ 51.08 per hour |
| 7. Methadone Medical Services visit | $ 9.61 per visit |
| 8. Residential Drug-Free; | $ 53.25 per day |

(b) Services paid by Medicaid:

| Service | Rate |
|---|---|
| 1. Acute Inpatient Treatment Services | |
| Level IIIA | $ 140.00 per day |
| Level IIIB | $ 100.00 per day |
| Level IIIC | $ 70.00 per day |
| 2. Enhanced Acute Treatment Services | $49.95 per day *plus* proper Acute Treatment services base rate from 114.3 CMR 46.04(4)(a)1. |

46.04: continued

| Service | Rate |
|---|---|
| 3. Day Treatment | $55.00 per day |
| 4. Case Management | $8.00 per 15 minute session |
| 5. Substance Abuse | |
| Outpatient Counseling: | |
| Individual Counseling | |
| Couple/Family Counseling | $ 50.68 per hour |
| Group Counseling | $ 60.84 per hour |
| Case Consultation and Methadone | $ 19.72 per 1½ hr. |
| Counseling | $ 50.68 per hour. |
| 6. Methadone Medical Services Visit | $ 9.61 per visit |

46.05: Administrative Information Bulletins

The Division may, from time to time, issue administrative information bulletins to clarify its policy upon and understanding of substantive provisions of 114.3 CMR 46.00. In addition, the Division may issue administrative information bulletins which specify the information and documentation necessary to implement 114.3 CMR 46.00 if necessary for informed consideration of program rate requests.

46.06: Severability of the Provisions of 114.3 CMR 46.00

The provisions of 114.3 CMR 46.00 are severable, and, if any provision of 114.3 CMR 46.00 or application of such provision to any eligible provider or fiscal intermediary in any circumstance shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.3 CMR 46.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 46.00: M.G.L. c. 118G.

*TN 99-12*
*STATE PLAN AMENDMENT EXHIBITS*
*INPATIENT ACUTE HOSPITAL*

*Exhibit 8:*
*G.L. c. 111, section 24G*

ecord and shall not be available
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ed June 30, 1996, by § 690, effec-
roved with emergency preamble,
; **Repealed** by 1997, 170, § 4, ap-
Nov. 26, 1997, by § 46, effective

lth Care Access Fund.

see Quarterly Update Pamphlets.



## § 24G. Primary and Preventive Health Care Services for Uninsured Dependent and Adopted Youths.

There is hereby established a program of managed care to provide primary and preventive health care services for uninsured dependent and adopted youths from birth through age eighteen; provided, however, that only said youths who are ineligible for medical benefits pursuant to chapter 118E of the General Laws shall be eligible for the services defined herein. Said program shall be administered by the department subject to appropriation from the Children's and Seniors' Health Care Assistance Fund established pursuant to the provisions of section 2FF of chapter 29 and other appropriated funds. The comptroller is hereby authorized and directed to transfer amounts appropriated from the General Fund or any other fiscal resource of the commonwealth designated for health care services provided to said youths from birth to age 12, inclusive, to said Children's and Seniors' Health Care Assistance Fund. Services available from the program shall include the following:—

(1) preventive pediatric care in a participating doctor's office, community health center, health maintenance organization or school-based clinic, including not less than one well-child visit a year, immunizations, tuberculin testing, hematocrit, hemoglobin and other appropriate blood testing, urinalysis, and routine tests to screen for lead poisoning, and such services as are periodically recommended by the American Academy of Pediatrics; provided that services provided by a participating independent laboratory for diagnostic laboratory tests shall be reimbursed by said program;

(2) unlimited sick visits in a participating doctor's office, community health center, health maintenance organization, school-based clinic or a patient's home;

(3) first-aid treatment and follow up care, including the changing or removal of casts, burn dressings or structures, in a participating doctor's office, community health center, health maintenance organization or school-based clinic;

(4) the provision of smoking prevention educational information and materials to the parent, guardian or person with whom an enrollee resides.

Services made optionally available under said program may include the following:

(1) prescription drugs up to $200 per year; provided, however, that enrollees shall be responsible for a copayment of $3 for each interchangeable drug prescription and $4 for each brand name drug prescription; provided, further, that the department may authorize a higher prescription benefit level for any person enrolled in said program for which said higher benefit will prevent hospitalization.

(2) urgent care visits in the outpatient department of a participating hospital when an enrollee's primary care practitioner is not available to provide such services, and emergency care in the outpatient department or emergency department of a participating hospital of up to one thousand dollars per year, including related laboratory and diagnostic

radiology services for said urgent and emergency care, provided that rates of reimbursement for such urgent care and emergency services are negotiated by participating hospitals with the department or its designated vendor;

(3) outpatient surgery and anesthesia which is medically necessary for the treatment of inguinal hernia and ear tubes, but not including the professional component for related radiology or pathology services; provided that rates of reimbursement for such urgent care and emergency services are negotiated by participating hospitals with the department or its designated vendor;

(4) annual and medically necessary eye examinations;

(5) medically necessary outpatient mental health services not to exceed 13 visits per year; provided, however, an additional seven outpatient visits may be approved by the department when clinically necessary according to program guidelines; provided further, that no such mental health services shall be provided by the department that would substitute for mental health services required to be provided by the division of medical assistance, or local education authorities pursuant to chapter 71B;

(6) dental health services, including preventive dental care; provided, however, that no funds shall be expended for cosmetic or surgical dentistry;

(7) durable medical equipment up to $200 per year; provided, however, the department may authorize up to $500 per year to prevent unnecessary hospitalization for children with chronic medical conditions, so-called, when clinically necessary according to program guidelines; and

(8) auditory screening.

The department shall establish cost-containment measures designed to ensure that only medically necessary services are reimbursed by said program. The schedule, scope, maximum dollar coverage and duration of the optional benefits established by this section may be revised by the department to ensure that the costs of said program are limited to the funds appropriated therefor.

The cost of said program shall be funded in part by premiums contributed by enrollees according to the following eligibility categories: households ineligible for medical benefits pursuant to chapter 118E earning less than two hundred percent of the federal poverty level shall not be responsible for contributing to program premium costs; households earning between two hundred and four hundred percent of the federal poverty level, inclusive, shall contribute not less than twenty percent and not more than thirty percent of the monthly premium cost according to a sliding scale established by the department; provided, that additional contributions shall not be required for any enrollee after the third enrollee in such a household; and provided further, that enrollees in households earning more than four hundred percent of the federal poverty level shall pay the full premium cost of said program. Household earnings may be defined on the basis of gross earnings, or on an adjusted basis according to criteria deemed appropriate by the department. The department shall base premium costs on an actuarially sound methodology. Premiums contributed by enrollees shall be depos-

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ited in the Children's and Seniors' Health Care Assistance Fund, established by section 2FF of chapter 29 and may be used for the said program subject to appropriation.

Notwithstanding the premium contribution requirements established by this section, no enrollee shall be exempt from the co-payment requirements established herein or by the department. Said co-payments shall be designed to encourage the cost-effective and cost conscious use of said services.

The department shall promulgate regulations necessary to implement the requirements of this section. The division of medical assistance shall assist said department to maximize federal financial participation for state expenditures made on behalf of program enrollees.

The department shall report quarterly to the house and senate committees on ways and means and to the joint committee on health care on enrollment demographics, claims expenditures and the annualized costs of said program. The department shall file notice with said committees and the secretaries of the executive office of administration and finance and family services not less than thirty days before modifying program benefits and eligibility standards that are intended to ensure that program costs are limited to the funds appropriated therefor.

The program established by this section shall not give rise to enforceable legal rights in any party or an enforceable entitlement to the services funded herein and nothing stated herein shall be construed as giving rise to such enforceable legal rights or such enforceable entitlement.

**History—**

Added by 1996, 151, § 257, approved June 30, 1996, by § 690, effective July 1, 1996.

Amended by 1996, 203, § 6, approved with emergency preamble, July 24, 1996, effective July 24, 1996; 1997, 170, §§ 5, 6, 9, 10, approved with emergency preamble, by § 46, effective July 1, 1998, §§ 7, 8, approved with emergency preamble, Nov 26, 1997.

**Editorial Note—**

**The 1996 amendment** substituted the first sentence for one which read: "There is hereby established a program of managed care to provide primary and preventive health care services for uninsured dependent and adopted youths from birth through age twelve."

**The 1997 amendment,** by § 5 (eff July 1, 1998), in the first paragraph, following "eighteen" inserted "; provided, however, that only said youths who are ineligible for medical benefits pursuant to chapter 118E of the General Laws shall be eligible for the services defined herein"; by § 6 (eff July 1, 1998), in the first paragraph, substituted "Children's and Seniors' Health Care Assistance Fund established pursuant to the provisions of section 2FF of chapter 29 and other appropriated funds. The comptroller is hereby authorized and directed to transfer amounts appropriated from the General Fund or any other fiscal resource of the commonwealth designated for health care services provided to said youths from birth to age 12, inclusive, to said Children's and Seniors' Health Care Assistance Fund." for "health care access fund established pursuant to section twenty-four F of chapter one hundred and eleven and other appropriated funds"; by § 7 (eff Nov 26, 1997), in the second paragraph, substituted paragraph (1) for one which read: "(1) prescription drugs up to one hundred dollars per year, provided that enrollees shall be responsible for a co-payment of three dollars for each interchangeable drug prescription and four dollars for each brand-name drug prescription;"; by § 8 (eff Nov 26, 1997), in the second paragraph substituted paragraphs (4)–(8) for two which read: "(4) medically necessary eye examinations,(5) medically necessary outpatient mental health services not to exceed thirteen visits per year."; by § 9 (eff July 1, 1998), in the fourth paragraph, following "households" inserted "ineligible for medical benefits pursuant to chapter 118E" and by § 10 (eff July 1, 1998), in the fourth paragraph, substituted "Children's and Seniors' Health Care Assistance Fund, established by section 2FF of chapter 29" for "health care access fund established pursuant to section twenty-four F of chapter one hundred and eleven".

*TN 99-12*
*STATE PLAN AMENDMENT EXHIBITS*
*INPATIENT ACUTE HOSPITAL*

***Exhibit 9:***
***Medical Education Activities***

EDUCATIONAL ACTIVITIES

Educational activities are organized or planned programs of study which enhance the quality of patient care in an institution, are necessary to meet the community's needs for medical and paramedical personnel, and in which the non-profit acute care teaching hospital affiliated with a state-owned university medical school may participate through offering clinical training on site at the hospital. To the extent that medical or paramedical personnel enrolled in such educational programs participate in clinical training at the hospital, they must be licensed if required by State law or receive approval from the recognized national professionals.

Recognized medical and paramedical educational training programs may include: nurse anesthetists, professional nursing, practical nursing, occupational therapy, physical therapy, x-ray technology and professional medical education (i.e., interns, residents, and medical students) (collectively, "educational programs"). Any other appropriate educational programs in which the provider intends to participate can be subject for consideration by the Division of Medical Assistance.

Education activities may also include the normal operational costs of : orientation and on-the-job training for educational program personnel; part-time education for bona fide employees of the hospital or affiliated state-owned medical school; travel expenses for employees of the hospital or affiliated state-owned medical school related to increasing quality of care; maintenance of a medical library; training of a patient or patient's family in the use of medical appliances; education of students of the state-owned university medical school, whether or not the students participate in any clinical training at the affiliated hospital site; clinical training of students not enrolled in an approved education program and any other appropriate operational costs approved by the Division.

Calculation of the educational activities costs are determined by deducting from total educational activities costs the revenues received from tuition. Total educational costs consist of the costs of any clinical training activities which take place on site at the hospital as well as the costs of classroom instruction and other educational activities which take place on the site of the state-owned university medical school with which the hospital is affiliated. Total costs include trainee stipends, compensation of teachers, and other direct or indirect costs.